## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

1.0 2.0688 NO

CLAIMS AS FILED - PART I (Colúmn 1) (Column 2)								SMALL ENTITY TYPE (			OTHER THAN		
TOTAL CLAIMS			27				Γ	RATE	FEE		RATE	FEE	
FO	R		NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	375.00	OR	BASIC FEE	750.00	
то	TAL CHARGEA	BLE CLAIMS	27 minus 20=		* 7		ſ	X\$ 9=		OR	X\$18=	126	
IND	EPENDENT CL	AIMS	3 mi	nus 3 =	* 0			X42=		OR	X84=	0	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT		<del></del>		Ī	+140=		OR	+280=	0	
* If	the difference	in column 1 is	ess than zero, enter "0" ir			olumn 2	1	TOTAL		OR	TOTAL	876	
Л	C	LAIMS AS A	MENDED - PART II								OTHER	THAN	
		(Column 1)		(Colur		(Column 3) SMALL			ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X42=		OR	X84=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM			+140=		OR	+280=		
			TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE							
	(Column 1) (Column 2) (Column 3)									٠,	ADDII. I LL	•	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X42=		OR	X84=		
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM _			+140=	-	OR	+280=		
,							_ _	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)	7	(Colur	mn 2)	(Column 3)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X42=			X84=		
Ľ	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDEN	T CLAIM					OR			
	If the entry in colu		+140=		OR	+280=							
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nur	mber Previously Pa	aid For" (Total	or Independ	lent) is the	e highest number	r four	nd in the app	propriate bo	x in co	lumn 1.		